MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 1560, 185 (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER TH3MENDMENT AFTER AS FILED 1 "AMERIMENT AFTER IND. I"ANEXDMENT DEP. IND. 1 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 5 -TOTAL IND P P \$ TOTALEX P TOTAL DEP ⇜ **◆**■ TOTAL DEP **√**¤ TOTAL CLADAS CLABES PTO - 1366 JUSTS TIME U.S. DEPARTMENT OF COMMERCE